

FOB 2011-007

Effective August 2011

FOM 903-3, Payment for Foster Family Care

FOM 903-3, Determination of Care (DOC)

Note: The DHS-470, DHS-470A and DHS-1945 have been updated and are available as templates for DHS staff and on the public DHS website for PAFC providers.

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Determination of Care (DOC) Supplements for Foster Care

- A Determination of Care (DOC) supplement may be justified when extraordinary care or expense is required of the foster parents or relative (foster care provider) who is eligible for a foster care payment.
- To assess the need for a determination of care supplement, complete the DOC form that most closely fits the case situation for every youth in a paid placement every six months even if no DOC supplement is approved:
 - DHS-470 for children ages one day through 12 years requiring extraordinary care or expense.
 - DHS-470A for children age 13 and over requiring extraordinary care or expense.
 - DHS-1945 for children who are medically fragile (all ages) or who have a documented medical condition which threatens health, life or independent functioning.

Note: Documentation supporting the need for the DOC supplement must be in the case service plans, which are supported by the documents contained in the case file; see FOM 722-5, Foster Care Case Record.

- A DOC assessment must be completed for every paid placement at the initial case opening **and** at least every six months or if the child's care needs or level change or the child moves.
- Each DOC assessment must be filed in the child's case record.
- DOC rates are **not** to be authorized for any time period that exceeds six months.
- The child's needs and foster parent's activities must be consistently addressed in the Child's Current Status section of all service plans and the Parent Agency Treatment Plan.
- The DOC supplement must **not** include activities provided by a third party (person) for child care, nursing care, respite care, assisted care, etc.
- There is no longer a requirement of a child receiving Social Security Income (SSI) to automatically qualify for at least a level 1 DOC rate on a

DHS-470 or DHS-470A. A child receiving SSI would receive the DOC that the completed assessment determines. This policy change currently conflicts with FOM 902-10. FOM 902-10 will be updated soon to be consistent with FOM 903-3.

Determination of Care – Above Level III

- If the child's DOC level meets or exceeds level III on the DHS-470, DHS-470A, or DHS-1945, the foster care provider and supervising agency/DHS staff may request an exception for a level IV child specific DOC supplement.
- The DOC level IV is a rate approved by the Child Welfare Field Operations Director or designee. The maximum allowable foster parent DOC supplement is \$80.00 a day.
- **For all requests for payment above level III, the DHS foster care worker or monitor must first initiate a payment authorization to open payment at level III once it has been approved by the local office;** then pend the higher payment authorization in SWSS FAJ and submit documentation to request the amount of payment.
- Decisions regarding requests for a DOC supplement above a level III are final upon review and approval or denial by the Child Welfare Field Operations Director or designee.

Effective Date of Request

- The begin date for an initial DOC request if received in the DHS office within the first 30 calendar days of a child's placement with a specific foster family, is the first day of that placement.
- The begin date for a renewal request is the day following the end date of the last DOC approval if the request is received in the DHS office within 30 calendar days.
- The begin date for a request for escalation or de-escalation of the DOC that is not made at the time of renewal, is the date the foster parent signed the DOC request if it is received in the DHS office within 30 calendar days of that signature.
- No DOC request is to be approved for longer than 6 months.

Note: If the DOC request is not received in the DHS office within these time frames the begin date will be the date the request is received in the DHS office.

- Efforts must be made to ensure continuation of an approved DOC rate without lapse of payment due to request processing.

Administrative Review Process

- If the foster care provider or the agency disagrees with the level of care determination or is not notified timely, an administrative review process may be initiated within 30 calendar days of the decision.
- If the local DHS office agrees with the denial of the original assessment the local DHS worker's supervisor must forward the DOC, DHS-669, Parent Agency Treatment Plan and Service Agreement, most recent service plan, therapy reports, school documentation, and/or medical reports as relevant to the request to the Federal Compliance Division (FCD).
- The FCD has 14 days to review the administrative request from the DHS local office. The FCD will immediately notify the agency and local DHS director of the decision using the DHS-670, FCD Decision to Administrative Review Request for Determination of Care (DOC) Denial Form.